QUEST FOR S.N.

area)	1		
09	15	1	77
)		

DATE:	2/12/00	FROM: Zanner	nar B	(print name)
		REASON(S):		
FORWARD T	го:	A. You had Parent	(check box)	
A. Art Unit:	2782	B. See Title	(check box)	
B. Class:	710	C. See Abstract	(check box)	
C Subclass:	9	D. See Claim(s).		
FURTHER EX	ECOMPUTER	DED: Network add	trens agsig	nuet
DATE:	8-1-00	FROM: Wang		(print name)
		REASON(S):		-
FORWARD T	ro:	A. You had Parent	(check box)	
A. Art Unit:	256	B. See Title	(check box)	
B. Class:	709	C. See Abstract	(check box)	
C Subclass:	245	D. See Claim(s):		
DATE:		FROM:		(print name)
DATE:		FROM: REASON(S):		(print name)
·	TO CLASSIFIER		(check box)	(print name)
·	TO CLASSIFIER	REASON(S):	(check box)	(print name)
· · · · · · · · · · · · · · · · · · ·	TO CLASSIFIER	REASON(S): A. You had Parent	` '	(print name)
·	TO CLASSIFIER	REASON(S): A. You had Parent B. See Title	(check box)	(print name)
FORWARD 1	TO CLASSIFIER XPLANATION IF NEE	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD 1		REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD 1		REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED:	(check box)	(print name)
FORWARD 1	XPLANATION IF NEE	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED:	(check box)	(print name)
FORWARD 1 FURTHER E	XPLANATION IF NEE	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED:	(check box)	(print name)
FORWARD 1 FURTHER E	XPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SSIFICATION CLASSIFIER:	(check box)	(print name)
FORWARD 1 FURTHER E	XPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SSIFICATION CLASSIFIER: REASON(S):	(check box)	(print name)
FORWARD TO THE PORT OF THE POR	XPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: CLASSIFIER: REASON(S): A. You had Parent	(check box)	(print name)
FORWARD 1 FURTHER E DISPOSITI DATE: FORWARD 1 A. Art Unit	XPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title	(check box) (check box) (check box)	(print name)

FURTHER EXPLANATION IF NEEDED